

Montana Tobacco Use Prevention Program



**STRATEGIC
PLAN**

2011 – 2016

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Strategic Plan Overview

In 2010, the Montana Tobacco Use Prevention Program (MTUPP) within the Montana Department of Public Health and Human Services (DPHHS) convened a broad cross-section of its stakeholders to update its strategic plan. These stakeholders included the Tobacco Prevention Advisory Board, a strategic planning work group, and several other MTUPP partners. This plan will serve as the framework for the state's comprehensive tobacco use prevention and control efforts for the period of 2011 through 2016.

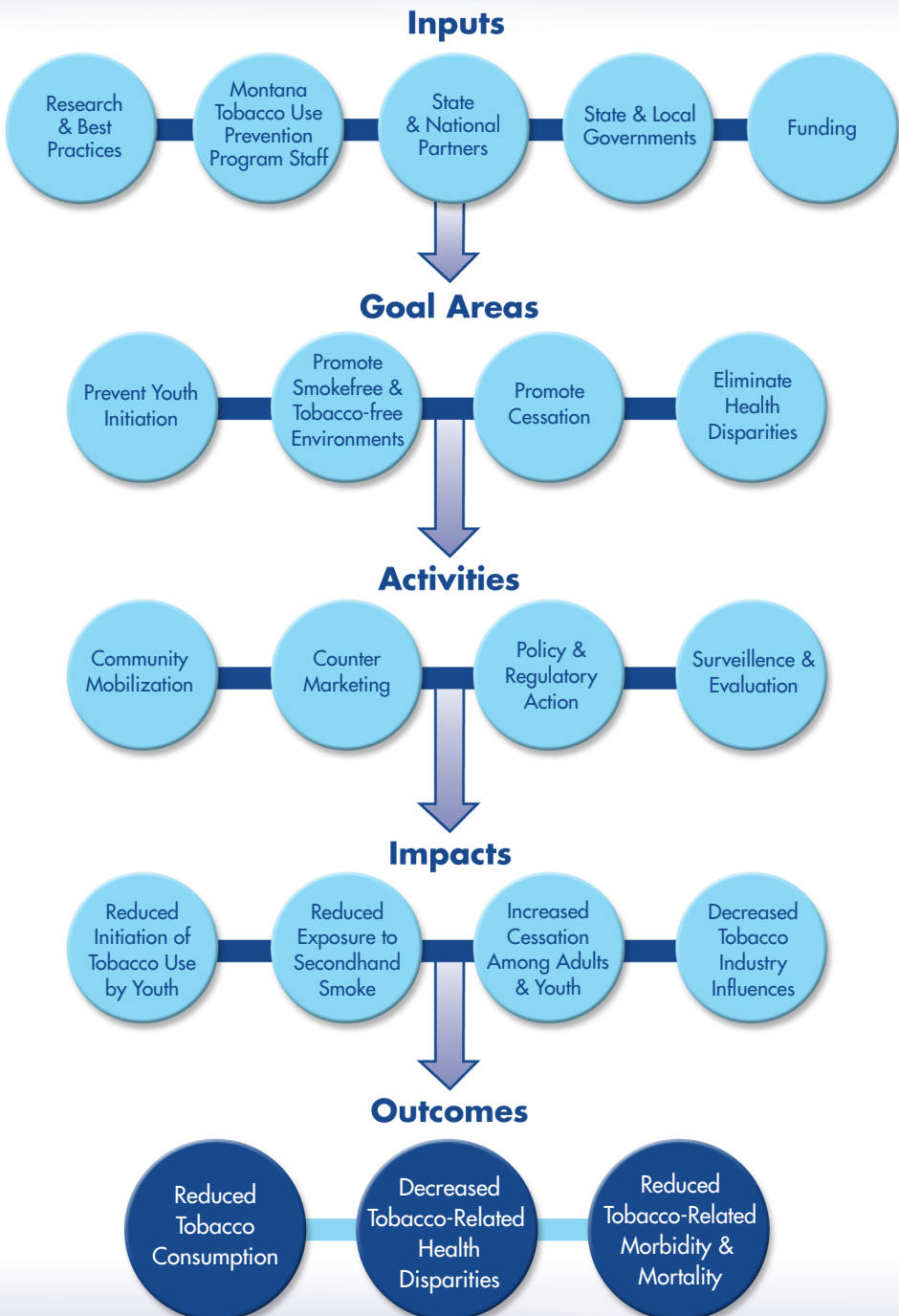
This strategic plan builds on the successes and lessons of the past 11 years, since MTUPP's inception. It continues to emphasize implementing public policies and other evidence-based interventions across the following four program goal areas, in accordance with the program logic model (see Figure 1):

- 1. Prevent initiation of tobacco use among young people.**
- 2. Promote smokefree and tobacco-free environments.**
- 3. Promote quitting among Montanans.**
- 4. Identify and eliminate tobacco-related health disparities among specific populations.**

Mission

The mission of the Montana Tobacco Use Prevention Program (MTUPP) is to address the public health crisis caused by the use of all forms of commercial tobacco products. MTUPP will work to eliminate tobacco use, especially among young people, via programs and policies throughout Montana.

Figure 1. MTUPP's Logic Model



Tobacco Addiction Costs All Montanans

- Tobacco use is the single greatest cause of preventable death, with smoking alone killing 1,400 Montanans every year – an average of 4 per day.¹
- At current smoking levels, 18,000 Montana youth who are alive today will die prematurely from smoking-related causes.²
- It is estimated that for every person who dies from tobacco use another 20 suffer with at least one serious tobacco-related illness like heart disease and cancer.³
- Every year, tobacco addiction costs Montana more than a half-billion dollars. This includes \$277 million in excess medical costs and \$305 million in lost productivity.⁴
- Additionally, Montanans pay about \$179 million per year in federal taxes for smoking-related expenditures incurred by U.S. Government health care programs.⁵

Too Many Montanans Smoke and Use Smokeless Tobacco

- 16% of adults are current smokers.⁶
- 16% of youth smoke.⁷
- 13% of adult men use smokeless tobacco.⁶
- 15% of boys use smokeless tobacco.⁷

Tobacco Use Prevention Is Challenging

- The tobacco industry annually spends an estimated \$33 million marketing their addictive and deadly tobacco products in Montana – that is more than \$90,000 every day and roughly four times more than MTUPP's annual budget.⁸
- In response to effective smokefree policies like the Montana Clean Indoor Air Act, the tobacco industry has introduced many new smokeless tobacco products to keep smokers addicted to nicotine and to cleverly entice young people into a lifetime of tobacco addiction.

Program Funding

The majority of MTUPP's funding is from a portion of the payments the state receives from the Master Settlement Agreement with the major tobacco companies as appropriated to MTUPP by the Montana Legislature. In recent years, MTUPP received approximately 10% of its funding from the U.S. Centers for Disease Control and Prevention (CDC) Office on Smoking and Health. MTUPP's most current funding level (as of Fiscal Year 2010) is \$9.4 million per year.





The History of Tobacco Use Prevention in Montana

Montana has been nationally recognized for its passage of effective public policies to reduce tobacco addiction. These include a citizen's initiative that earmarks Master Settlement Agreement dollars for tobacco prevention; price increases on tobacco products; and a comprehensive statewide clean indoor air law.

YEAR	IMPORTANT TOBACCO CONTROL POLICY ACTIONS IN MONTANA
1979	Legislature passes the first MT Clean Indoor Air Act (CIAA). It allows designated indoor smoking areas.
1990	Initiative 115 is defeated. It would have raised cigarette taxes from \$.18 to \$.43 per pack.
1993	The State of MT receives its first cooperative agreement with the CDC for tobacco prevention and control funding.
	Legislature passes the MT Youth Access to Tobacco Products Control Act. It includes local government preemption.
1998	Master Settlement Agreement (MSA) is signed between 46 states (including MT) and the major tobacco companies.
1999	MT Legislature appropriates \$7 million for tobacco prevention for the 2000-2001 biennium.
	Missoula County passes the first local smokefree ordinance in MT.
2000	MT voters pass Constitutional Amendment 35, designating a trust fund for health care and tobacco disease prevention.
	Great Falls passes a smokefree ordinance.
2001	MTUPP's funding is cut to \$1 million total for the 2002-2003 biennium – a decrease of \$6 million.
	Legislature designates all state-owned and leased buildings as smokefree.
	Helena City Commission approves a comprehensive smokefree ordinance.
2002	Helena voters pass a comprehensive smokefree ordinance with 62% of the vote in a special election.
	Bozeman passes a local smokefree ordinance.
	Initiative 146 is approved by 65% of Montana voters. It earmarks 32% of MSA dollars to MTUPP.

- Policy Areas:
- ☐ Tobacco Prevention and Control Program Funding
 - ☒ Smokefree and Tobacco-Free Environments
 - ☒ Tobacco Taxes
 - ☒ Tobacco Product Marketing Control

2003	Legislature appropriates \$6.4 million total to MTUPP for the 2004-2005 biennium.
	Legislature increases cigarette taxes from \$.18 to \$.70 per pack. Taxes on snuff products are raised to \$.35 per ounce and to 25% of the wholesale price for all other tobacco products.
	Legislature passes HB 758 prohibiting local governments from enacting smokefree ordinances that restrict smoking in any facility with a video gaming license. (i.e. local government preemption.)
	House Bill 758 preempts the Helena smokefree ordinance; a lawsuit ensues, the case goes before the Supreme Court, and the legislation is ultimately overruled.
2004	MT voters pass Initiative 149 increasing cigarette taxes from \$.70 to \$1.70 per pack.
	The Helena Heart Study shows an association between reduced hospital admissions for heart attacks and the Helena smokefree ordinance.
2005	Governor Schweitzer increases MTUPP funding to \$6.8 million per year for the 2006-2007 biennium (I-146 is followed).
	Legislature amends the CIAA to require that all public places and workplaces be smokefree. Bars, taverns, and casinos are excepted from the law until October 1, 2009, and until then, statewide preemption prohibits local governments from enacting smokefree ordinances. The CIAA also creates tobacco-free schools.
2007	Governor Schweitzer increases MTUPP funding to \$8.4 million per year for the 2008-2009 biennium (I-146 is followed).
	MT Department of Revenue clarifies that little cigars are taxable.
	Legislature passes fire-safe cigarette legislation.
2009	Full and final implementation of the CIAA occurs October 1, 2009, when bars, taverns, and casinos are required by the CIAA to go smokefree. Local preemption is lifted.
	Federal Government raises tobacco tax by \$1.
	U.S. Food and Drug Administration is granted authority to regulate tobacco product packaging and marketing.
2010	Campus-wide 100% tobacco-free policies go into effect at Montana Tech in Butte and at UM Helena College of Technology.
	Thirty-two medical campuses in Montana adopt 100% tobacco-free policies.

A Comprehensive, Evidence-Based Approach to Preventing Tobacco Addiction

Research clearly shows that state tobacco use prevention programs must be well-funded, sustained, and comprehensive to be effective.

MTUPP uses evidence-based practices that:

- 1) Prevent kids from starting
- 2) Help adult smokers quit
- 3) Educate the public, the media, and policymakers about effective policies that reduce tobacco use
- 4) Address tobacco-related disparities among specific populations, including American Indians, pregnant women, and low-income Montanans
- 5) Serve to counter the tobacco industry

Additionally, MTUPP monitors and evaluates its program areas for trends, changes, and effectiveness and assures accountability for all resources.

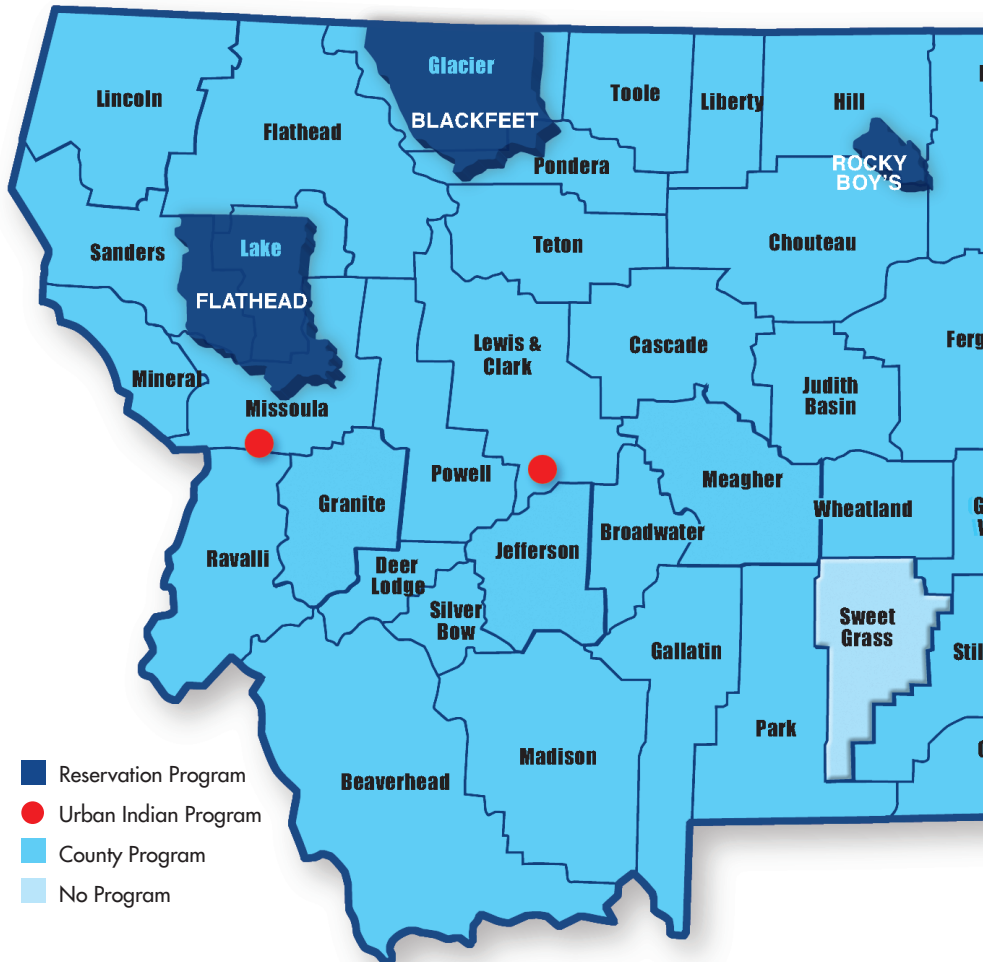
MTUPP programming will continue to work with local communities and schools across the state. Staff will work closely with colleges and universities, medical facilities, public housing authorities, other state-level chronic disease prevention programs, and many other valued partners throughout Montana.



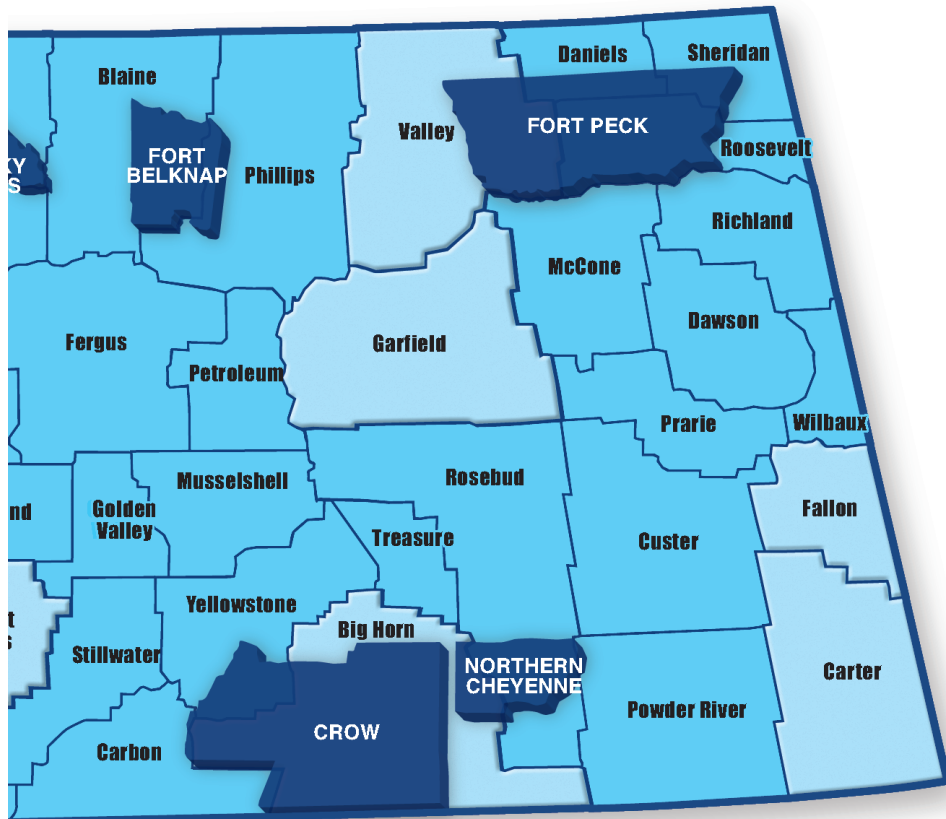
State and Local Partners

- American Cancer Society
- American Heart Association
- American Lung Association of the Northern Rockies
- Association of Montana Public Health Officials
- Big Brothers Big Sisters
- County Health Departments
- Montana Department of Justice
- Montana Department of Revenue
- Montana Department of Public Health and Human Services:
 - Addictive and Mental Disorders Division
 - Asthma Control Program
 - Cardiovascular Health Program

MTUPP Community Programs in 2010



- Diabetes Prevention and Control Program
- Food and Consumer Safety Section
- Injury Prevention Program
- Medicaid Program
- Montana Cancer Control Program
- Women, Infants, and Children Program
- Women's and Men's Health Section
- Montana Environmental Health Association
- Montana Office of Public Instruction
- Montana Primary Care Association
- Montana Public Health Association
- Montana Tribes, and Urban Indian Programs
- Montana Universities and Colleges





**MONEY
SAVED: \$3000***

When I smoked, I knew I was wasting my money and my time. When I lit up, I felt like a fool. So I called the FREE Montana Tobacco Quit Line.

They have:

- *FREE Gum, Patches or Lozenges*
- *FREE Personalized Quit Coaching*
- *LOW-COST Cessation Medicine*

The Montana Medicaid Program offers even more FREE and Low-Cost benefits.

Call today.

1-800-QUIT-NOW



** Average cost savings of one pack of cigarettes a day for one year.*

MONTANA TOBACCO

QUIT *LINE*
1-800-QUIT-NOW
1-800-784-8669

Health Communications and Media

MTUPP's health communication and media work will focus on Montanans who are at the highest risk for tobacco use and exposure to secondhand smoke including:

- Youth
- American Indians
- Pregnant Women
- Low-income and senior individuals who live in multi-unit housing

MTUPP will use counter-marketing, an effective health communication method that supports health-related tobacco policy, helps reduce the number of kids who try tobacco, and encourages people who use tobacco to quit.

MTUPP's communication and public awareness media plans will include the following strategies:

A. Advertising

Develop, produce, and place advertising using traditional and social media.

B. Public Relations

Collaborate with state, tribal, and local agencies and organizations to promote tobacco-related policy to improve public health, including educating policymakers, state, tribal, and local health agency administrators, and other key stakeholders.

C. Media Advocacy

Secure news stories, guest opinions, and other communication that include any of MTUPP's key messages.

D. Marketing & Technology

Use community events and communication technology to raise awareness about tobacco use prevention and expand community coalition membership, involve local public health officers and board members, and provide assistance to local tobacco prevention specialists.

E. General Communication

Strategically plan and execute MTUPP's communication interventions to be culturally appropriate, integrated across multiple intervention goal areas, and evaluated for impact.

Our Health is Sacred.

Protect the Next Generation from Secondhand Smoke

Corporate Tobacco threatens our future. The chemicals in secondhand smoke are dangerous and deadly.

Keep our air natural and clean for all generations.

MONTANA
Department of Public Health & Human Services

CROW TRIBAL COUNCIL

MONTANA TOBACCO
QUIT LINE
1-800-QUIT-NOW
1-800-784-8669

1-800-QUIT-NOW

Youth and Young Adults

Smoking among Montana youth significantly decreased from 27% in 2000 to 16% in 2008.⁷ However, this success is tempered by the fact that young adults ages 18 to 24 years have the highest smoking prevalence (27%) of any other adult age group in Montana.⁶

The use of smokeless tobacco products among Montana boys is also problematic. In 2007, 13% of Montana high school students were smokeless tobacco users compared to 8% of U.S. students.⁹ Meanwhile, the tobacco industry is rapidly introducing and marketing new products that appeal to youth and are easy for them to conceal.

Over the next five years, MTUPP will continue its comprehensive approach to addressing tobacco use among Montana's young people, with an emphasis on preventing youth from starting to use tobacco. Programming will include supporting community-based initiatives and policies that promote a tobacco-free social norm, such as comprehensive tobacco-free school policies and tobacco-free college campuses.

The partnership with the Office of Public Instruction will continue to increase the number of Montana school districts with comprehensive tobacco-free school policies and will provide direct technical assistance to schools, train teachers to be trainers in media literacy, and increase the number of students who have received media literacy education.



Within Montana communities, MTUPP will also support youth empowerment through its teen-led *reACT* movement. This movement teaches teens ages 13-18 to reject the tobacco industry's attempts to hook them as new tobacco users by involving the youth in art, activism, and peer-education, as well as through counter-marketing and policy promotion.

Goal Area 1: Prevent Initiation of Tobacco Use Among Young People

Ideal Outcome: Montana youth will not start using tobacco or nicotine products, and those who already use them will quit.

Objective 1.1: Increase the proportion of students in grades 8, 10, and 12 who have never smoked cigarettes to 70% by 2016 (from 56% in 2004). Data source: Prevention Needs Assessment (PNA).

Objective 1.2: Increase the proportion of students in grades 8, 10, and 12 who have never used smokeless tobacco to 83% by 2016 (from 79% in 2004). Data source: PNA.

Objective 1.3: Decrease the proportion of students in grades 8, 10, and 12 who reported smoking cigarettes in the past 30 days to 14% by 2016 (from 19% in 2004). Data source: PNA.

Objective 1.4: Decrease the proportion of students in grades 8, 10, and 12 who reported using smokeless tobacco in the past 30 days to 7% by 2016 (from 9% in 2004). Data source: PNA.

Objective 1.5: Decrease the prevalence of smoking among young adults (ages 18 to 24 years) to 22% by 2016 (from 30% in 2004). Data source: Adult Tobacco Survey (ATS).

Key Strategies:

- Engage young people in tobacco use prevention and *reACT* by involving them in national and local tobacco days of action and events.
- Maintain *reACT* crews who work toward creating a tobacco-free social norm in Montana communities.
- Assist American Indian communities with youth empowerment training through *Gathering of Native Americans* programs on Montana's seven reservations.
- Collaborate with the Office of Public Instruction (OPI) to provide assistance to school districts for adopting comprehensive tobacco-free school policies as a part of the *Montana Tobacco-Free School Excellence Initiative*.
- Collaborate with OPI to provide media literacy training for teachers in order to increase student awareness about the media's influence.
- Assist colleges with adopting tobacco-free campus policies and help students lead initiatives that prevent tobacco initiation and improve access to quitting services.
- Implement campaigns that target young people and coordinate the campaigns with other community interventions.
- Educate stakeholders and partners on the effectiveness of increasing the unit price of tobacco products to promote cessation.
- Promote the Montana Tobacco Quit Line to the 18- to 24-year-old non-student workforce to increase attempts at quitting among this population.

Smokefree and Tobacco-Free Environments

Smokefree and tobacco-free policies protect public health. They eliminate secondhand smoke exposure and help establish a tobacco-free norm. Both are effective interventions that deter kids from ever starting to use tobacco products and help adult users quit.

The Montana Clean Indoor Air Act (CIAA) is a significant public health achievement. The CIAA protects the majority of Montana workers from secondhand smoke exposure and establishes a *tobacco-free* designation for all public schools and school properties. This statewide policy receives high public support. Local policies establishing tobacco-free medical and college campuses, tobacco-free parks, and smokefree multi-unit housing are vitally important as well.

Montanans continue to adopt smokefree policies. In 2009, just 14% of Montana households permitted indoor smoking, and 70% of renters in multi-unit housing without a smokefree policy reported they would support one.⁶ However, too many Montanans are still exposed to secondhand smoke: 11% of adults were exposed at home, and 33% of children were exposed while they were riding in cars.^{6, 7}

In the coming years, MTUPP will assist Montana communities with creating and implementing policies that support a tobacco-free norm.

Let's Celebrate!

Smokefree
MONTANA



Goal Area 2: Promote smokefree and tobacco-free environments

Ideal Outcome: Smokefree and tobacco-free places are the norm throughout the state, and all citizens are protected from secondhand smoke.

Objective 2.1: Decrease the proportion of adults reporting exposure to secondhand smoke in work places to less than 1% by 2016 (from 10% in 2004). Data source: Adult Tobacco Survey (ATS)

Objective 2.2: Decrease the proportion of adults reporting exposure to secondhand smoke at home to 9% by 2016 (from 14% in 2004). Data source: ATS

Objective 2.3: Decrease the proportion of youth reporting any exposure to secondhand smoke to 40% by 2016 (from 60% in 2004). Data source: Prevention Needs Assessment (PNA)

Objective 2.4: By 2016, increase to 48 the number of counties with at least one local policy that designates at least one public place, other than what is required for tobacco-free schools under the Montana Clean Indoor Air Act, as tobacco-free (from 0 counties in 2004). Data source: MTUPP program data

Key Strategies:

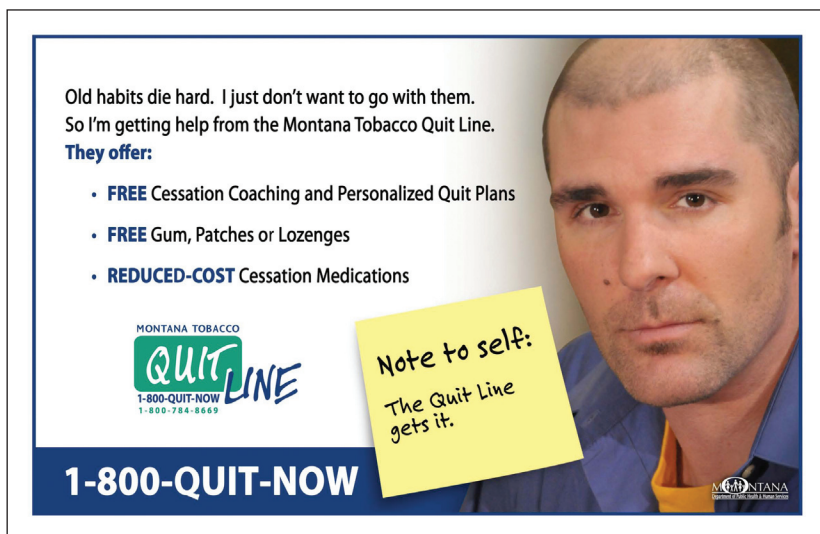
- Help local communities continue to achieve high compliance with the Montana Clean Indoor Air Act.
- Educate and train owners and managers of rent-restricted multi-unit housing facilities about developing and implementing smokefree policies.
- Assist colleges with creating and implementing tobacco-free campus policies.
- Help more medical facilities create and implement tobacco-free medical campus policies, including critical access hospitals through the Health Resources and Service Administration flex grant.
- Provide technical assistance to city, county, and state governments to create tobacco-free campus policies.
- Educate and assist communities with creating tobacco-free policies for outdoor areas, such as parks, sports fields and stadiums, concert venues, and others.
- Create and coordinate smokefree and tobacco-free public awareness campaigns.



Cessation

In the past decade, since the passage of the Master Settlement Agreement and MTUPP's inception, smoking prevalence among Montana adults has significantly decreased and is below the national average.¹⁰ Additionally, cigarette sales in Montana declined from 71 million packs sold in 1999 to 46 million in 2008, a 35% drop.¹¹

However, the decline in smoking has slowed in recent years, and smokeless tobacco use among men has not changed since 2004. In 2009, approximately 118,000 Montana adults (16%) were smokers, and about 50,000 adult men (13%) used smokeless tobacco.⁶



Old habits die hard. I just don't want to go with them.
So I'm getting help from the Montana Tobacco Quit Line.

They offer:

- **FREE** Cessation Coaching and Personalized Quit Plans
- **FREE** Gum, Patches or Lozenges
- **REDUCED-COST** Cessation Medications

MONTANA TOBACCO
QUIT LINE
1-800-QUIT-NOW
1-800-784-8669

1-800-QUIT-NOW

*Note to self:
The Quit Line
gets it.*

MONTANA
DEPARTMENT OF REVENUE

Over the next five years, MTUPP will build on its past successes and continue using evidence-based practices to reduce the continuing struggle that Montanans have with tobacco addiction. This includes continued and expanded operation of MTUPP's highly successful Montana Tobacco Quit Line. Between 2004 and 2009, more than 46,000 Montanans called the quit line for help.¹² Its quit rate is among the nation's highest.

Goal Area 3: Promote quitting among Montanans

Ideal Outcome: Every current tobacco user in Montana quits and permanently ends their nicotine addiction.

Objective 3.1: Reduce the prevalence of cigarette smoking among adults to 14% by 2016 (from 18% in 2004). Data source: Adult Tobacco Survey (ATS)

Objective 3.2: Reduce the prevalence of smokeless tobacco use among adult men to 11% by 2016 (from 12% in 2004). Data source: ATS

Objective 3.3: Increase the percentage of former adult smokers to 31% by 2016 (from 28% in 2004). Data source: ATS

Objective 3.4: Increase the percentage of former adult men smokeless tobacco users to 42% by 2016 (from 39% in 2004). Data source: ATS

As a former smoker, I know how hard quitting can be. And there are people at the Montana Tobacco Quit Line who understand. That's why we offer:

- **FREE** Cessation Coaching and Personalized Quit Plans
- **FREE** Gum, Patches or Lozenges
- **REDUCED-COST** Cessation Medications

1-800-QUIT-NOW

*Note to Smokers:
The Quit Line gets it.*

MONTANA TOBACCO
QUIT LINE
1-800-QUIT-NOW
1-800-784-8669

Thanks to the Montana Tobacco Quit Line, I've kept my promise to my daughter and quit smoking. They offered me:

- **FREE** Cessation Coaching and Quit Plans
- **FREE** Gum, Patches or Lozenges
- **REDUCED-COST** Cessation Medications

1-800-QUIT-NOW

*Note to Olivia:
Smokefree for five weeks and counting!*

MONTANA TOBACCO
QUIT LINE
1-800-QUIT-NOW
1-800-784-8669

QUITTING was **TOUGH**
but I'm tougher.

I knew I could do it.

Spit tobacco is not just addictive – it can cause cancer, hypertension and may also increase the risk of heart disease and stroke. With support from Montana's Tobacco Quit Line, I quit tobacco for good. The Tobacco Quit Line offers:

- **FREE** personalized quit plan
- **FREE** cessation coaching
- **FREE** nicotine replacement therapy – including lozenges
- **Chantix** at a reduced cost

Make the call to quit tobacco today!

MONTANA TOBACCO
QUIT LINE
1-800-QUIT-NOW
1-800-784-8669

Nicotine replacement therapy and Chantix are available for qualified individuals enrolled in the program.
Montana Department of Public Health & Human Services

QUITTING was **TOUGH**
but I'm tougher.

You can quit tobacco for good.

The Tobacco Quit Line offers:

- **FREE** nicotine replacement therapy
- **FREE** telephone coaching
- **FREE** personalized quit plans
- **Reduced-cost** cessation medications

1-800-QUIT-NOW

MONTANA TOBACCO
QUIT LINE
1-800-QUIT-NOW
1-800-784-8669

Make the call to quit tobacco today!

Key Strategies:

- Maintain the Montana Tobacco Quit Line and ensure continued or enhanced benefits for tobacco users.
- Promote the quit line services through coordinated and effective statewide public awareness campaigns.
- Educate health care providers about the Public Health Services guidelines for promoting quitting among patients who use tobacco.
- Provide technical assistance to employers, health care purchasers, and payers to expand treatment coverage for tobacco addiction through public and private insurance.
- Partner with Montana Medicaid to inform Medicaid recipients about the cessation benefits available, increase Medicaid provider interventions and encourage utilization of the Montana Tobacco Quit Line.
- Continue to partner with DPHHS chronic disease programs to promote cessation and utilization of the quit line.
- Educate stakeholders and partners on the effectiveness of increasing the unit price of tobacco products to promote cessation.
- Educate stakeholders and partners about the importance of statewide, tribal, and community-level smokefree and tobacco-free policies to promote cessation.

Specific Populations

Some groups of Montanans experience unusually high rates of tobacco use. For these groups, smoking prevalence has not declined significantly in the past decade, as it has with the Montana population as a whole.

Smoking prevalence among Montana's American Indian adults was 53% in 2004, more than twice as high as the state smoking prevalence.⁶ In 2004, just 32% of American Indian students reported that they had never tried a cigarette.⁷ Not surprisingly, American Indians experience exceptionally high incidences of tobacco-related diseases and death. Yet, addressing tobacco addiction among American Indians is difficult because tobacco is often used for sacred and ceremonial purposes. Effective programs must prevent commercial tobacco addiction and exposure to secondhand smoke, while respecting traditional ceremonial use of native sacred plants and other culturally sensitive activities.

In 2009, 16% of Montana pregnant women smoked during pregnancy, bringing devastating consequences to their babies.¹³ Smoking during pregnancy increases the risk for premature birth, low-birth weight, and Sudden Infant Death Syndrome.



Nearly two in five low-income Montanans smoke.⁶ Considering the cost of cigarettes and lost wages due to illness or death caused by smoking, the additional financial burden of tobacco addiction is staggering.

MTUPP will continue to tailor programming for these groups. Over the next five years, this will include outreach and public awareness campaigns to pregnant women and their health care providers, American Indians, and low-income Montanans.

Goal Area 4: Identify and eliminate tobacco-related health disparities among specific populations

Ideal Outcome: Morbidity and mortality caused by tobacco use no longer disparately affects Montana babies, American Indians, and low-income Montanans.

American Indians

Objective 4.1: Decrease the prevalence of smoking among adult American Indians to 40% by 2016 (from 53% in 2004). Data source: Adult Tobacco Survey (ATS)

Objective 4.2: Increase the percentage of former American Indian adult smokers to 18% by 2016 (from 12% in 2004). Data source: ATS

Objective 4.3: Increase the proportion of American Indian students in grades 8, 10, and 12 who have never smoked cigarettes to 45% by 2016 (from 32% in 2004). Data source: Prevention Needs Assessment (PNA)

Key Strategies:

- Implement culturally appropriate public awareness campaigns for American Indian adults and children that encourage tobacco users to quit and warn about the dangers of secondhand smoke.
- Provide cultural training to Montana Tobacco Quit Line coaches so they can respond appropriately to American Indian callers.
- Educate American Indian policy makers about the risks of secondhand smoke exposure and provide technical assistance for smokefree policies on each of Montana's seven reservations.
- Help Montana's seven tribal colleges create tobacco-free campus policies and implement student-led prevention activities.
- Help tribal communities integrate commercial tobacco prevention activities into established native cultural and community activities, such as powwows.
- Assist community and tribal health nurses with information and resources for providing clients with cessation interventions and education about the dangers of secondhand smoke.



Low-Income Montanans & Pregnant Women

Objective 4.4: Decrease the percentage of women reported to smoke during pregnancy to 15% by 2016 (from 19% in 2000). Data source: Birth Certificates, Montana Office of Vital Statistics

Objective 4.5: Decrease the percentage of current adult smokers with incomes at or below the Federal Poverty Level to 33% by 2016 (from 35% in 2004). Data source: ATS

Objective 4.6: Decrease secondhand smoke exposure in the homes of adults with incomes at or below the Federal Poverty Level to 22% by 2016 (from 34% in 2004). Data source: ATS

Key Strategies:

- Increase the duration and intensity of public awareness campaigns for women of childbearing age (18 to 44 years old) that warn about the dangers of smoking during pregnancy.
- Conduct public awareness campaigns and outreach targeted to Medicaid beneficiaries and their health care providers.
- Provide information to Medicaid beneficiaries about the free services and low-cost medications offered by the Montana Tobacco Quit Line and the Montana Medicaid program.
- Educate and train owners and managers of rent-restricted multi-unit housing facilities (non-public housing authorities) about developing and implementing smokefree policies to protect residents from secondhand smoke.
- Offer training to home health care nurses and public health nurses on how to provide brief cessation interventions in order to increase the number of nurses that can provide this service for their clients.
- Provide tobacco use prevention resources and technical assistance to Head Start programs, including those on American Indian reservations.

Surveillance and Evaluation

Surveillance and evaluation activities are integral in order to document and monitor short-term, intermediate, and long-term outcomes in the population. MTUPP uses data to inform program and policy direction and to demonstrate accountability to stakeholders. MTUPP's surveillance and evaluation activities cover the program's four goal areas discussed in the preceding sections.

Surveillance is the systematic collection of data to monitor trends in tobacco use, as well as knowledge and attitudes about tobacco and related policies. MTUPP uses several surveillance systems to monitor both trends in tobacco use and specific program indicators. These systems include the Adult Tobacco Survey, Behavioral Risk Factor Surveillance System, Prevention Needs Assessment, and Youth Risk Behavior Survey. (See Appendix A)

Evaluation provides tailored information to answer specific questions about a program. MTUPP's evaluation approach follows the framework developed by the CDC. Evaluation is a process for program development rather than a single event or a periodic report card. Therefore, MTUPP is committed to integrating evaluation planning with program planning and implementation.

Ideal Outcome: The Montana Tobacco Use Prevention Program demonstrates accountability and program effectiveness to partners, stakeholders, and the public.

Strategy 1: Maintain a comprehensive surveillance system and regularly analyze existing systems and data sources to document the burden of tobacco use and trends over time.

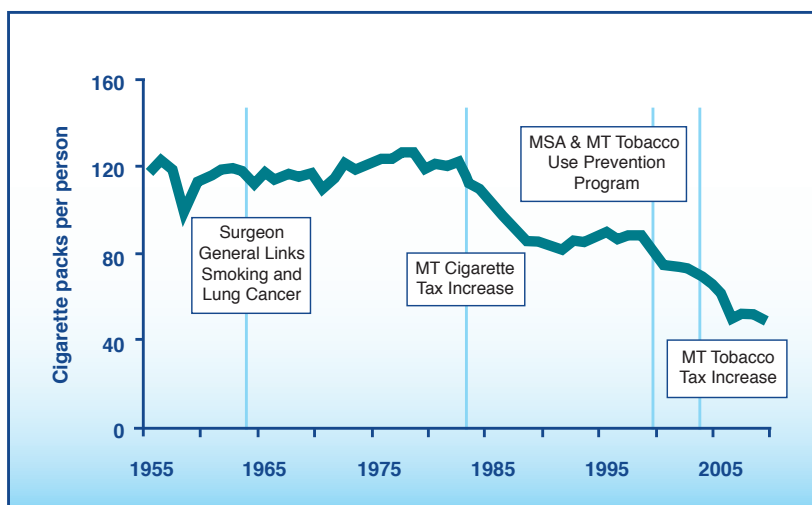
- Maintain adult tobacco use surveillance systems by administering the Adult Tobacco Survey every odd year and supporting the Behavioral Risk Factor Surveillance System.

- Maintain youth tobacco use surveillance by supporting the DPHHS Addictive and Mental Disorders Division and the Office of Public Instruction in conducting the Prevention Needs Assessment and the Youth Risk Behavior Survey.

Strategy 2: Improve existing surveillance systems or develop new data sources to increase data about the use of commercial tobacco products among Montana American Indians, smokeless tobacco use, and new tobacco products.

- Support the implementation of the American Indian Adult Tobacco Survey by tribes in Montana.
- Explore collaborations with other state tobacco control programs for pooling existing data, from such sources as the National Adult Tobacco Survey, in order to expand information about smokeless tobacco use.

Cigarette Sales in Montana are Decreasing



Cigarette packs sold per person 18 years and older, Montana, 1955-2009



Strategy 3: Evaluate the impacts and outcomes of MTUPP's tobacco use prevention interventions.

- By 2016, increase the proportion of MTUPP funding dedicated to program evaluation.
- Use funding increases to enhance evaluation activities, including obtaining the services of an external evaluator.

Strategy 4: Communicate surveillance and evaluation findings on a regular basis to stakeholders and the public.

- Publish and disseminate surveillance and evaluation findings in reports, media releases, peer-reviewed journals, and at state and national conferences.

Strategy 5: Incorporate evaluation planning as a primary step in MTUPP's program planning.

- Develop impact or outcome evaluation plans at the inception of tobacco use prevention interventions.
- Apply evaluation findings to improve future interventions.

Conclusion

This strategic plan will help MTUPP continue to lead Montana toward a future that is free of tobacco addiction. A future where no children will ever start to use tobacco products and secondhand smoke exposure will be eliminated. A future where sacred and ceremonial uses of non-commercial tobacco are preserved. A future where every tobacco user resolves to quit and has the resources to succeed.

Saving Lives and Health Care Dollars

Comprehensive tobacco use prevention programs work. Over time, state programs like MTUPP pay for themselves by saving money that would have been spent on tobacco-related health care.

Montana will continue to save both lives and money when MTUPP's comprehensive strategic plan objectives are met.

- For every 1,000 Montana kids who never smoke, future health care costs will decline by roughly \$16 million.¹⁴
- For every 1,000 Montana adults who quit, future health care costs will drop by roughly \$8.5 million.¹⁴

To carry out this plan, MTUPP will rely on strong partnerships with new and current stakeholders and advocates from across Montana, sustained resources, and effective communication.



SOURCES

1. Centers for Disease Control and Prevention. Smoking attributable mortality, morbidity, and economic costs (SAMMEC), 2000-2004.
<https://apps.nccd.cdc.gov/sammec/index.asp> Accessed October 25, 2010.
2. Campaign for Tobacco-Free Kids. Key state-specific tobacco related data and rankings. 2010; <http://www.tobaccofreekids.org/research/factsheets/pdf/0176.pdf>. Accessed October 25, 2010.
3. Centers for Disease Control and Prevention. Tobacco Control State Highlights, 2010. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.
4. Campaign for Tobacco-Free Kids. State tobacco-related costs and revenues. 2010; <http://www.tobaccofreekids.org/research/factsheets/pdf/0178.pdf>. Accessed October 25, 2010.
5. Campaign for Tobacco-Free Kids. Federal taxes paid by state residents to cover the U.S. government's smoking-caused expenditures. 2010; <http://www.tobaccofreekids.org/research/factsheets/pdf/0095.pdf> Accessed October 25, 2010.
6. Montana Department of Public Health and Human Services, Montana Tobacco Use Prevention Program. Montana Adult Tobacco Survey, 2004-2006, 2008-2009.
7. Montana Department of Public Health and Human Services, Addictive and Mental Disorders Division. Prevention Needs Assessment, 2000-2008.
8. Campaign for Tobacco-Free Kids. State-specific tobacco company marketing expenditures 1998 to 2006. 2009; <http://www.tobaccofreekids.org/research/factsheets/pdf/0271.pdf>. Accessed October 25, 2010.
9. Montana Office of Public Instruction, Youth Risk Behavior Survey, 2005-2009.
10. Montana Department of Health and Human Services, Behavioral Risk Factor Surveillance System, 1998-2009.
11. Montana Department of Revenue. Cigarette Tax Receipts. 2010.
12. National Jewish Health, Montana Tobacco Quit Line, 2010.
13. Montana Department of Public Health and Human Services, Office of Vital Statistics, Birth Certificates, 2009.
14. Campaign for Tobacco-Free Kids, Comprehensive State Tobacco Prevention Programs Save Money, October 7, 2008; <http://www.tobaccofreekids.org/research/factsheets/pdf/0168.pdf>. Accessed October 25, 2010.

Appendix A

Data on tobacco use among youth and adults in Montana are collected from multiple sources as described below.

Adult Tobacco Use

The national surveillance system for adult tobacco use is the Behavioral Risk Factor Surveillance System (BRFSS), while the state surveillance system is the Montana Adult Tobacco Survey (ATS). The BRFSS and ATS survey questions that measure tobacco use are identical. Additionally, both are random-digit dialed telephone surveys with similar methodology. The BRFSS has been conducted in all 50 states and the District of Columbia since 1994. Meanwhile, the ATS has been conducted in Montana since 2004. It is not conducted in all 50 states each year. Although prevalence estimates are not identical between the two surveys, these estimates are not statistically different.

Youth Tobacco Use

The national surveillance system for youth tobacco use is the Youth Risk Behavior Survey (YRBS), while the Montana State surveillance system is the Prevention Needs Assessment (PNA). Both surveys are administered in Montana schools; however, the methodologies used to select the samples are quite different. Additionally, YRBS includes grades 9 through 12, while the PNA includes grades 8, 10, and 12. The YRBS has been administered every odd year since 1993 and is conducted in all 50 states and the District of Columbia. The PNA has been administered in Montana every even year since 2000 and is conducted in some but not all 50 states. Although prevalence estimates are not identical between the YRBS and PNA, these estimates are, generally, not statistically different.

It is important to compare Montana's progress in tobacco use prevention to the United States as a whole, other states individually, and the U.S. Health and Human Services Healthy People 2020 goals. In the following table, baseline and target measures for indicators measured by national surveillance systems are established. Corresponding measures by state surveillance systems are also presented.

Indicator	Current Baseline 2004	Status 2009	2016 Goal
Prevent Youth Initiation			
Increase the prevalence of youth who have never tried smoking cigarettes	PNA: 56% YRBS [†] : 45%	PNA ^{††} : 64% YRBS: 50%	PNA: 70% YRBS: 56%
Decrease the prevalence of youth who are current smokers	PNA: 19% YRBS [†] : 20%	PNA ^{††} : 16% YRBS: 19%	PNA: 14% YRBS: 15%
Decrease the prevalence of young adults (18-24 years old) who are current smokers	ATS: 30% BRFSS: 30%	ATS: 27% BRFSS: 22%	ATS: 22% BRFSS: 18%
Decrease the prevalence of youth who are current smokeless tobacco users	PNA: 9% YRBS [†] : 15%	PNA ^{††} : 9% YRBS: 15%	PNA: 7% YRBS: 12%
Promote Quitting Among Montanans			
Decrease the prevalence of cigarette smoking	ATS: 18% BRFSS: 20%	ATS: 16% BRFSS: 17%	ATS: 14% BRFSS: 15%
Increase the prevalence of former adult smokers	ATS: 28% BRFSS: 25%	ATS: 26% BRFSS: 26%	ATS: 31% BRFSS: 28%
Specific Populations			
Decrease the prevalence of cigarette smoking among American Indian adults	ATS: 53% BRFSS: 45%	ATS: 46% BRFSS: 43%	ATS: 40% BRFSS: 38%
Increase the prevalence of former smokers among American Indian adults	ATS: 12% BRFSS: 21%	ATS: 16% BRFSS: 25%	ATS: 18% BRFSS: 30%
Increase the prevalence of American Indian youth who have never smoked cigarettes	PNA: 32% YRBS [†] : 18%	PNA ^{††} : 42% YRBS: 18%	PNA: 45% YRBS: 22%
Decrease the prevalence of cigarette smoking among adults who are at or below the Federal Poverty Level	ATS: 25% BRFSS: 29%	ATS: 24% BRFSS: 36%	ATS: 20% BRFSS: 29%

[†]Baseline year for YRBS data is 2005

^{††}Current PNA data are from 2008

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